

## COMMUNITY SERVICE AGENCIES (CSAs)

### Frequently Asked Questions (FAQs) regarding the revised ADHS/DBHS Policy and Procedure Manual Section MI 5.2, Community Service Agencies – Title XIX Certification

#### Follow Up from 8/22/08 Service Documentation Training

**Question:** Is there a mandatory statewide audit tool for CSAs? Is there a mandatory scoring methodology for this tool?

**Response:** All T/RBHAs must have an approved CSA certification audit tool that contains, at a minimum, standards to measure the requirements contained in [ADHS/DBHS Policy and Procedures Manual MI 5.2, Community Service Agencies – Title XIX Certification](#). T/RBHAs may add elements to their audit tool, as necessary, to measure CSA performance as required in contracts between T/RBHAs and CSAs.

ADHS/DBHS does not require a specific scoring methodology for T/RBHA audit tools; however, T/RBHAs must describe the scoring methodology used for certification audits. If CSAs are unsure of the scoring methodology or have questions regarding the scoring methodology that is used, CSAs should contact their T/RBHA for further information.

**Question:** When the CSA is completing the renewal process, does the agency need to submit new references for staff members who have been employed longer than a year?

**Response:** References are required upon renewal for staff members who have been hired after the initial application. New references are not required for staff members who have had references submitted previously with a TXIX Certification application.

**Question:** How can CSAs ensure that Individual Service Plans (ISPs) are current, accurate and received in a timely manner from the referral source?

**Response:** CSAs and referral providers need to communicate effectively to ensure appropriate coordination of care is occurring for the members that both agencies serve. CSAs are encouraged to address barriers directly with referral sources. When problems persist with obtaining current ISPs, CSAs should contact their T/RBHA representatives to address provider noncompliance and unresponsiveness.

**Question:** Why does the whole ISP need to be sent to the CSA? Most CSAs would prefer to receive only the portion of the ISP that addresses the services that they are to provide (i.e., a single ISP page with a signature from the behavioral health professional or case manager).

**Response:** Federal and state laws require behavioral health providers to have copies of the ISP. As a method to obtain and store the ISP efficiently, CSAs and other providers may want to consider sharing the ISP electronically.

**Question:** Can CSAs use electronic documents and signatures for daily and monthly notes?

**Response:** Yes, electronic files and electronic signatures are acceptable.

**Question:** Can CSAs have a grace period between ISP dates so CSAs do not get into trouble during audits for not having an updated ISP while continuing to deliver services?

**Response:** As stated above CSAs must have updated ISPs to ensure effective coordination of care and to ensure that services that have been agreed upon by the clinical team, including the behavioral health recipient, are being provided. In cases where CSAs are unable to obtain an updated ISP in a timely manner, the CSA should document all communication with the referring provider. Noncompliance on behalf of the provider to provide an updated ISP should be reported to the appropriate T/RBHA.

**Question:** Can the signature on the service documentation forms include just the title, rather than the title and credentials?

**Response:** The signature on the service documentation forms must contain both the title and credentials. Titles may vary by agency, but credentials are consistent (i.e., LCSW, CPRP, etc.).

**Question:** How do CSAs get the most up-to-date diagnosis for billing purposes? What is considered appropriate documentation for the diagnosis?

**Response:** Agencies that maintain the behavioral health assessment, which contains the diagnosis, must ensure that the diagnosis is provided to CSAs for billing purposes. It is the responsibility of the referring agency to provide updates to the diagnosis to the CSAs. Documentation containing the diagnosis must include the signature, with date, of the person who assigned the diagnosis. It is not the expectation of ADHS/DBHS that referring agencies send the entire behavioral health assessment to CSAs. Such practices are inconsistent with the “minimum necessary” standards of the Health Insurance Portability and Accountability Act (HIPAA). CSAs do not need copies of the full assessment to provide covered behavioral health services.

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#### Questions related to Criminal History

**Question:** Do all direct care staff have to meet fingerprint clearance requirements?

**Response:** No, not all direct care staff members have to apply for fingerprint clearance cards. State law requires staff members who work with children to have fingerprint clearance cards. Staff members who work with adults are required to fill out the Self Declaration of Criminal History (as required by the [ADHS/DBHS Policy and Procedure Manual Section MI 5.2, Community Service Agencies – Title XIX Certification](#)) but are not required to fill out the Criminal History Affidavit and apply for a Fingerprint Clearance Card through the Department of Public Safety.

**Question:** Do CSAs have to terminate employees who have been involved in crimes that are included on the new list of the updated policy?

**Response:** The updated CSA policy (effective 4/1/08) includes a list of crimes from [A.R.S. § 41-1758.03](#). This statute was updated during the last legislative session, and the list of crimes has expanded. ADHS/DBHS uses this list as part of the review to determine whether or not staff members are qualified to provide behavioral health services at a Community Service Agency, and staff members who have been involved in any of the crimes listed in the CSA policy may not provide behavioral health services.

**Questions:** Why can't CSAs hire direct service staff members who have been involved in the crimes included in the new policy? What if someone committed a crime many years ago and has since changed his/her life? Doesn't this go against the Recovery model that the public behavioral health system has adopted?

**Response:** The Title XIX Certification process is a much different process than the licensing process. Title XIX Certification is a paper process and does not include many requirements, such as clinical supervision, that the Office of Behavioral Health Licensing (OBHL) requires to ensure the appropriate and safe delivery of behavioral health services. In the absence of certain measures that licensed agencies operate under, the CSA policy does contain a section that prohibits individuals who have been involved in criminal activities from providing behavioral health services at a CSA. The list of crimes used in the CSA policy is a list derived from state law requiring behavioral health staff, who will be working with children, to have fingerprint clearance cards. For staff members working with adults, the CSA policy only uses the list of crimes that are

considered more serious in nature (i.e., the crimes that would not allow a person to be granted a good cause exception if he/she appealed to the Board of Fingerprinting).

The Department is aware that there may be individuals who have committed a crime many years ago and have since become providers of behavioral health services. Revisions to the policy were not intended to negatively impact individuals who have been valuable providers in the behavioral health system. Revisions were made to ensure the safety and welfare of persons receiving services at CSAs and to ensure consistency across the state. Persons who are impacted by the policy change are encouraged to consider providing services other than behavioral health services at CSAs or to seek employment at licensed agencies.

The Department is committed to supporting and implementing the Recovery model throughout the behavioral health system. As such, the Department would like to engage in further discussions regarding individuals with criminal backgrounds who are facing employment challenges.

### Questions related to Service Documentation

**Questions:** Why does the new policy have additional service documentation requirements? Why can't the CSAs continue to document services the way they have been documenting services? Aren't these new requirements only applicable to clinical staff?

**Response:** The CSA policy has been updated to ensure that CSAs are meeting Medicaid requirements for service documentation. Because CSAs receive Title XIX funding, CSAs are required to meet requirements established by the Arizona Health Care Cost Containment System (AHCCCS) and the Centers for Medicare and Medicaid Services (CMS). Some of the new requirements in the CSA policy are based on new regulations established by CMS (see [42 CFR Parts 440 and 441, Medicaid Program; Coverage for Rehabilitative Services](#)).

CSAs must document services using the new requirements to ensure that they receive reimbursement for services they provide. Failure to document services according to the requirements may lead to sanctions or a recoupment of funds.

CSAs are able to provide a subset of covered behavioral health services that other, licensed programs are also able to provide (see the [ADHS/DBHS Covered Behavioral Health Services Guide](#)). Service documentation requirements for licensed programs receiving Medicaid funding are no different than service documentation requirements for CSAs. Support and rehabilitative services, perhaps not thought of as "clinical" services, are covered behavioral health services that must be documented and meet medical necessity criteria in order to be Title XIX reimbursable.

**Question:** Why do CSAs have to have a copy of the Individual Service Plan (ISP)?

**Response:** New requirements established by CMS require all providers of rehabilitation services to have copies of the rehabilitation service plans (i.e., copies of the ISP). Having copies of the ISP strengthens communication between persons who develop the ISP and CSAs. CSAs will be informed of the services they are expected to provide and informed of the intent of providing those particular services.

**Question:** Why can't multiple services be documented on the same form? Do different sheets have to be used for delivery of each unit of service?

**Response:** Each service must have corresponding documentation that supports or provides evidence of the delivery of the service. There are two main reasons for documenting each service individually. First, each service must contain documentation, or a note, to verify that the service was provided. Services without the supporting documentation may be investigated for fraud because auditors are unable to determine if a person was provided the service. Second, each service must contain documentation that can be used to track whether or not the service being provided is beneficial to the behavioral health recipient. For example, a behavioral health recipient may be receiving skills training and personal care. The person may be benefiting from the skills training but may not be benefiting from the personal care services. The CSA is responsible for documenting behavioral health recipients' responses to services/treatment so that this information can be used by the Clinical Team to modify the ISP, if necessary.

The service documentation form requires one sheet per service, not one sheet per unit of service. CSAs that wish to modify the format of the service documentation form (Attachment 9) may contact their T/RBHA with suggested edits. For example, CSAs may require additional room on the form to include notes.

### Questions related to CSA Application Forms and other Documentation

**Question:** Why can't an unofficial transcript be used to serve as evidence of someone completing their GED or graduating high school?

**Response:** In the absence of having a copy of a high school diploma or certificate indicating completion of a GED, direct service staff members are asked to submit an official transcript. An official transcript is used to verify the school attended and graduation date. When direct service staff members are unable to obtain an official transcript (for example, when the school is not longer in existence), CSAs are encouraged to contact their T/RBHA to discuss other acceptable forms of documentation.

**Question:** Does the CSA policy require CSAs to maintain a file that includes demographic information (i.e, the EA1013)?

**Response:** The CSA policy does not require CSAs to maintain demographic information in behavioral health recipient files. However, CSAs are encouraged to review their contracts with the T/RBHAs and discuss any additional T/RBHA requirements.

**Question:** How do CSAs use the new Reference form (Attachment 4)?

**Response:** Most agencies require a listing of at least three references to check before hiring prospective employees. The new CSA reference form is used to document that the CSA has checked direct service staff members' references. The form is not prescriptive and allows CSAs to ask questions of references that are relevant to the agency and assist the CSA in the hiring process.